



Sampling Station Identification Form

Form completed by

Daytime phone number

Volunteer monitoring group name

Sample type (circle one)

VLAP VRAP Complaint

Station ID
(to be filled in by NHDES)

Station name (60 characters max)

Town (not village name) station is in

State (circle one)

NH ME Canada
MA VT

Date station
established

Total water
depth at station

Water depth
units (circle one)

in ft cm m

Station type (circle one)

Catch Basin
Channelized Stream
Constructed Wetland
Culvert
Drain Manhole

Estuary
Lake/Pond
Land Runoff
Pipe
River/Stream

Riverine Impoundment
Seep
Spring
Storm Sewer
Well

Wetland - Estuarine, emergent*
Wetland - Estuarine, forested*
Wetland - Estuarine, scrub-shrub*
Wetland - Lacustrine, emergent*
Wetland - Palustrine, emergent*

Wetland - Palustrine, forested*
Wetland - Palustrine, moss-lichen*
Wetland - Palustrine, scrub - shrub*
Wetland - Riverine, emergent*

*Estuarine = Estuary, Lacustrine = Lake, Palustrine = Wet or Marsh area, Riverine = River

If Station type = Well, please fill in the following:

Well is used for (circle one):

Extraction
Monitoring
Recharge/Injection

Water is used for (circle one):

Domestic Irrigation
Commercial
Industrial

Type of well (circle one):

Bedrock
Overburden
Unknown

Name of waterbody (river, stream, lake, etc.) sampling station is on

Station description:

Directions to station:

Date Located:

Please attach a map showing the location of the sampling station.

If located by GPS:

Latitude (Format:DD MM SS.SS)

Longitude

Datum (circle one or enter)

NAD 1927 NAD 1983 WGS 1984
Other: _____

Elevation information (required only for VRAP):

Elevation

Units (circle one)

ft m

Method (circle one)

Topo Map
GPS

Datum (circle one or enter)

NGVDD 1929 NAVD 1988 WGS 1984
Other: _____

Send form and map to:

VLAP or VRAP Program (Please specify a program.)
NHDES
P.O. Box 95
Concord, NH 03302-0095